CITY OF BAY ST. LOUIS — SPECIAL EVENTS APPLICATION

Return application in person to City Hall, Mayor's Office, Second Floor or fax to (228) 466-5490

Organization Name H.O.O.D Community Mentorship

Organization Mailing Address 1013 Booktee Street

Contact Person DeJuon Benoit

Telephone Numbers: Daytime [redacted] ning _____

Application Date 7.10.26 Event Date 7.19.26

Event Hours ~~12:00~~ 2-6PM Expected Attendance 80

Event Description School Supply Give away night Inplace of Softball tournament. do a Water Slide

Event Location Desired

- ☐ McDonald Splash Pad (non-exclusive)
- ☒ MLK Splash Pad (non-exclusive)
- ☐ McDonald Park/Pavilion
- ☒ MLK Park
- ☐ City Street(s)
- ☐ Depot Grounds
- ☐ Depot Stages
- ☐ Shoo Fly
- ☐ Sports Complex
- ☐ Commagere Park
- ☐ Boys and Girls
- ☐ Harbor Park lot
- ☐ Harbor Deck
- ☐ Private Property
- ☐ Al Smith Park
- ☐ VCJ Gym

Walk through with Brent

Name of Street(s) _____

NO PARKING ON THE GRASS AT CITY PARKS

What kind of alcohol, if any, will be served? ☐ Beer ☐ Wine ☐ Liquor None

Will outdoor amplification be used, or will there be music or other loud noises? ☐ Yes ☐ No

NOISE ORDINANCE WILL BE IN EFFECT

Are other special needs being requested? ☒ Barricades (4) ☐ Trash Barrels ☒ Electricity (5)

If Barricades or Trash Barrels requested, please let us know how many and location. _____

Secuirty required? ☐ Yes ☐ No

If Yes - security to be provided by: ☐ Applicant ☐ City

Other _____

I understand that additional information may be requested or special permits required based on the nature of the stated event activity. I also understand that my request may require action by the City Council. If so, I will be notified of the meeting time and place.

Web Submission
Signature of Applicant

Application received by: _____ Date: ____

Approved _____ Disapproved _____ Date _____

Comments: _____